

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344002		(X2) MULTIPLE CONSTRUCTION A. BUILDING 06 - JONES B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2007	
NAME OF PROVIDER OR SUPPLIER BROUGHTON HOSP				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 S STERLING ST MORGANTON, NC 28655			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 032	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, on August 22, 2007 at approximately 10:00am onward, the electromagnetic locking arrangement fails to comply with delayed egress requirements as outlined in Section 7-2.1.6 of NFPA 101. Magnetic locks will not respond to pressure applied to the door, or latching device in the path of egress.(Jones Bldg - first floor lobby, and rear entrance door)</p>			K 032			
K 072	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on observation, on August 22, 2007 at approximately 10:00am onward, there is storage in the corridors near room 1132; and unit 203. (first floor - Jones Bldg)</p>			K 072			
K 076	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>			K 076			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 076	<p>Continued From page 1</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, on August 22, 2007 at approximately 10:00am onward, there is no canopy or other means to protect oxygen bank cylinders from inclement weather.(enclosure near admitting services)</p>	K 076			